

Application Data Sheet**Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of Copies of CDs::  
Sequence Submission?:: None  
Computer Readable Form (CRF):: No  
Number of copies of CRF:: 0  
Title:: DEVICE AND SOFTWARE PACKAGE FOR  
EXTRACTING A GEOLOGICAL HORIZON  
AND RELATED PROPERTIES  
Attorney Docket Number:: 0528-1134  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 4  
Small Entity?:: Yes  
Latin Name::  
Variety Denomination Name::  
Petition Included?:: No  
Petition Type::  
Licensed US Gov't Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?:: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: JEAN-CLAUDE  
Middle Name::  
Family Name:: DULAC  
Name Suffix::  
City of Residence:: SUGARLAND  
State or Province of TEXAS  
Residence::  
Country of Residence:: UNITED STATES OF AMERICA  
Street of Mailing 2634 WILLIAMS GRANT  
Address::  
City of Mailing Address:: SUGARLAND  
State or Province of Mailing Address:: TEXAS  
Country of Mailing Address:: UNITED STATES OF AMERICA  
Postal or Zip Code of Mailing Address:: 77479

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: FABIEN  
Middle Name::  
Family Name:: BOSQUET  
Name Suffix::  
City of Residence:: NANCY  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 33, RUE DE LA RAVINELLE  
Address::  
City of Mailing Address:: NANCY

State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-54000

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: EMMANUEL  
Middle Name::  
Family Name:: LABRUNYE  
Name Suffix::  
City of Residence:: NANCY  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 14, RUE CAMILLE MATHIS  
Address::  
City of Mailing Address:: NANCY  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-54000

**Correspondence Information**

Correspondence Customer 00466  
Number::

**Representative Information**

Representative Customer	00466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR03/01753	6/11/03

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	02/07596	6/19/02	Yes

**Assignment Information**

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::